

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150026		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2011	
NAME OF PROVIDER OR SUPPLIER IU HEALTH GOSHEN HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 200 HIGH PARK AVE GOSHEN, IN46526			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for investigation of two State hospital complaints.</p> <p>Complaint Numbers: IN00083204 Unsubstantiated: Lack of Sufficient Evidence</p> <p>IN00083209 Unsubstantiated: Lack of Sufficient Evidence with deficiencies cited unrelated to allegations</p> <p>Date: 7/5/11 and 7/6/11</p> <p>Facility Number: 005025</p> <p>Surveyor: Linda Plummer, R.N. Public Health Nurse Surveyor</p> <p>QA: cloughlin 08/04/11</p>			S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0912	410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital. Based on policy and procedure review, personnel file review, other facility document review, and staff interview, the nurse manager failed to ensure the implementation of the policy related to emergency safety interventions and the use of security personnel in one incident reviewed for pt. N11.			S0912	1. The Supervisor, Security completed CPI training and was certified as a CPI trainer. Completed: 22Jul2011.2. The Supervisor, Security revised the IU Health Goshen Hospital (IUHGH) "Code Armstrong" policy & procedure. Included in the		10/21/2011

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	<p>Findings:</p> <p>1. at 12:35 PM on 7/5/11, review of the "Safety Manual", security policy and procedure titled "Code Armstrong", indicated:</p> <p>a. this policy is "To provide a prompt response, if an individual's behavior demonstrates a potential harm to him/herself or others a Code Armstrong is called."</p> <p>b. under "Definition", it reads: "Code Armstrong: when physical intervention is or may be needed to de-escalate a situation involving a patient or other person."</p> <p>c. under "Procedure", it reads: "...2. The operator will activate the Code calling system, which will bring assistance from security, and all available others that have been trained in CPI (crisis prevention intervention) non-violent crisis intervention to access and de-escalate the situation."</p> <p>d. continuing under "Procedure", it reads: "...5. The team leader will direct the response team by:..."6. the Team Leader will then release the responders after the incident is deemed safe. 7. After the incident, the team leader must complete an incident report."</p> <p>e. continuing under "Procedure", it reads: "8. A debriefing will be held to critique the incident within 24 hours of the incident."</p> <p>2. at 1:00 PM on 7/6/11, an incident report completed by security staff, indicated a Code Armstrong was responded to by two security staff (S1 and S2) at 3:15 AM on 10/2/10 related to patient N11 becoming combative and aggressive</p> <p>3. at 1:25 PM on 7/5/11, review of personnel files of RN P6, night shift supervisor (NE), and Security staff S1 and S2, who responded to the Code Armstrong called at 3:15 AM on 10/2/10, indicated that none of the staff members had</p>				<p>revisions:a. The requirement for completion of CPI training for Code Armstrong responders has been eliminated. New requirement is that House Supervisor, Security, and Plant Operations, who have been trained in de-escalation techniques, will respond to Code Armstrongs.b. Following occurrence of a Code Armstrong, Security is responsible for completing and documenting a debriefing.2. Completed: 11Aug2011.3. Code Armstrong debriefing reports will be presented to, and reviewed by, the IUHGH Environment of Care Committee. Completion: on an ongoing basis.4. The revised Code Armstrong policy & procedure was approved by the IUHGH Environment of Care Committee. Completed: 18Aug2011.5. The revised Code Armstrong policy & procedure was approved by Administration (VP, Hospital Operations and VP, Nursing Services). Completed: 19Aug2011.6. The Supervisor, Security will provide CPI training to House Supervisors and Security personnel. Completion: 23Sep2011.7. The Supervisor, Security will provide CPI training to Plant Operations Colleagues. Completion: 21Oct2011.</p>		

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	documentation of CPI education or training 4. interview with staff member NA at 1:00 PM and 1:45 PM on 7/6/11 indicated: a. no debriefing was held after the Code Armstrong event of 10/2/10 b. this staff member was unaware that the policy required a debriefing, within 24 hours, to critique the incident c. nursing staff do not have CPI training--in the past, house supervisors have had this training, but that is no longer happening (night shift house supervisor, NE, is lacking CPI training) d. it was unknown that the Code Armstrong policy required those responding to the code to have CPI training e. after a call to the security staff supervisor, it was determined that security staff (S1 and S2) do not have CPI training as required per the Code Armstrong policy and no debriefing was performed after the Code Armstrong event of 10/2/10 f. it is unclear who the "team leader" is to be in the case of a Code Armstrong episode						